

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: 7-14-05      2 Serial/Patent # 10/521314

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/>	Filing			\$ 100							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND	\$ 100								
		8 TO BE REFUNDED BY:									
<input type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Treasury Check									
<input type="checkbox"/> Duplicate Payment		<input checked="" type="checkbox"/> Credit Deposit A/C #:	9 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>0</td><td>3</td><td>--</td><td>1</td><td>9</td><td>5</td><td>2</td></tr></table>		0	3	--	1	9	5	2
0	3	--	1	9	5	2					
10 REASON:  <input type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment  11 REFUND REQUESTED BY:  TYPED/PRINTED NAME: <u>John Anderson</u> SIGNATURE: <u>John Anderson</u> OFFICE: <u>PCT DO/EO</u> ***** THIS SPACE RESERVED FOR FINANCE USE ONLY:  APPROVED: _____ DATE: _____											

TITLE: Paralegal Specialist

PHONE: 308-9140 ext 241

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B